

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SML		3/7/01
O.I.P.E. CLASSIFIER		12	3/3
FORMALITY REVIEW	CM	71632	5/2/00
RESPONSE FORMALITY REVIEW	CM	71632	7/6/00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

BEST AVAILABLE COPY

Claim	Final Original	Date
1	Original	1/25/01
2	Original	1/23/01
3	Original	1/22/01
4	Original	1/20/01
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6	✓	✓
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If more than 150 claims or 10 actions  
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